

SECTION 1
PUBLIC HEALTH AND WELFARE

Jan 46
Summary #4

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PUBLIC WELFARE

General

1. A memorandum was issued which called the Japanese Government's attention to the serious health, economic and welfare problems which would develop if the movement of people from rural to urban areas should continue.

The government was directed to submit a plan indicating measures to be taken to restrict or prohibit unnecessary movement to urban centers which were defined as cities with 100,000 or more inhabitants.

Evacuees will be permitted to return to localities where their services are considered essential in re-establishing the minimum civilian economy of Japan.

2. The general food situation in southern Japan is satisfactory at present. Relief requirements in this area are increasing because of ineffectual price controls and black-market activities.

People with limited or small fixed incomes are finding it increasingly difficult to obtain food in amounts sufficient for their needs. An increase in requests for medical relief is attributed to the use of funds for food purchases and the resulting necessity of applying for free care whenever medical assistance is required.

Reconstruction of housing is progressing slowly. It is handicapped by shortages of material and transportation.

The most pressing needs are for clothing and fuel, both of which are critical items in short supply throughout the country.

Relief

3. The Japanese Ministry of Health and Welfare estimated the number of persons in need of relief as of 1 January 1946 as follows:

<u>Category of Need</u>	<u>Number</u>
Unemployable	760,000
Unemployed	4,340,000
Needy repatriates	860,000
Others	<u>2,040,000</u>
Total	8,000,000

4. Unemployment has increased because the people refuse to work for wages which are considered below the present cost of living. Some demobilized Japanese servicemen and repatriates have deferred seeking employment and prefer to engage in black-market activities.

5. Occupation Forces were directed to check the inventory of Japanese Army and Navy stocks returned to the government and which were to be held for relief purposes; also to supervise local Japanese relief distribution.

Social Insurance

6. The Ministry of Health and Welfare reported that on 31 December 1945 there were 10,443 local insurance agencies and organizations administering the social insurance issued by the National Health Insurance, Sickness Insurance, Pension Insurance, Worker's Liability Insurance and Seamen's Insurance Agencies. There were 41,409,450 individuals insured under the system.

Foreign Nationals

7. Occupation Forces were authorized to distribute stocks seized from enemy nationals, American Red Cross clothing supplies and certain POW supplies to needy foreign nationals of Allied or neutral countries. These relief supplies are to be distributed through responsible agencies, societies or committees representing the foreign national groups resident throughout Japan.

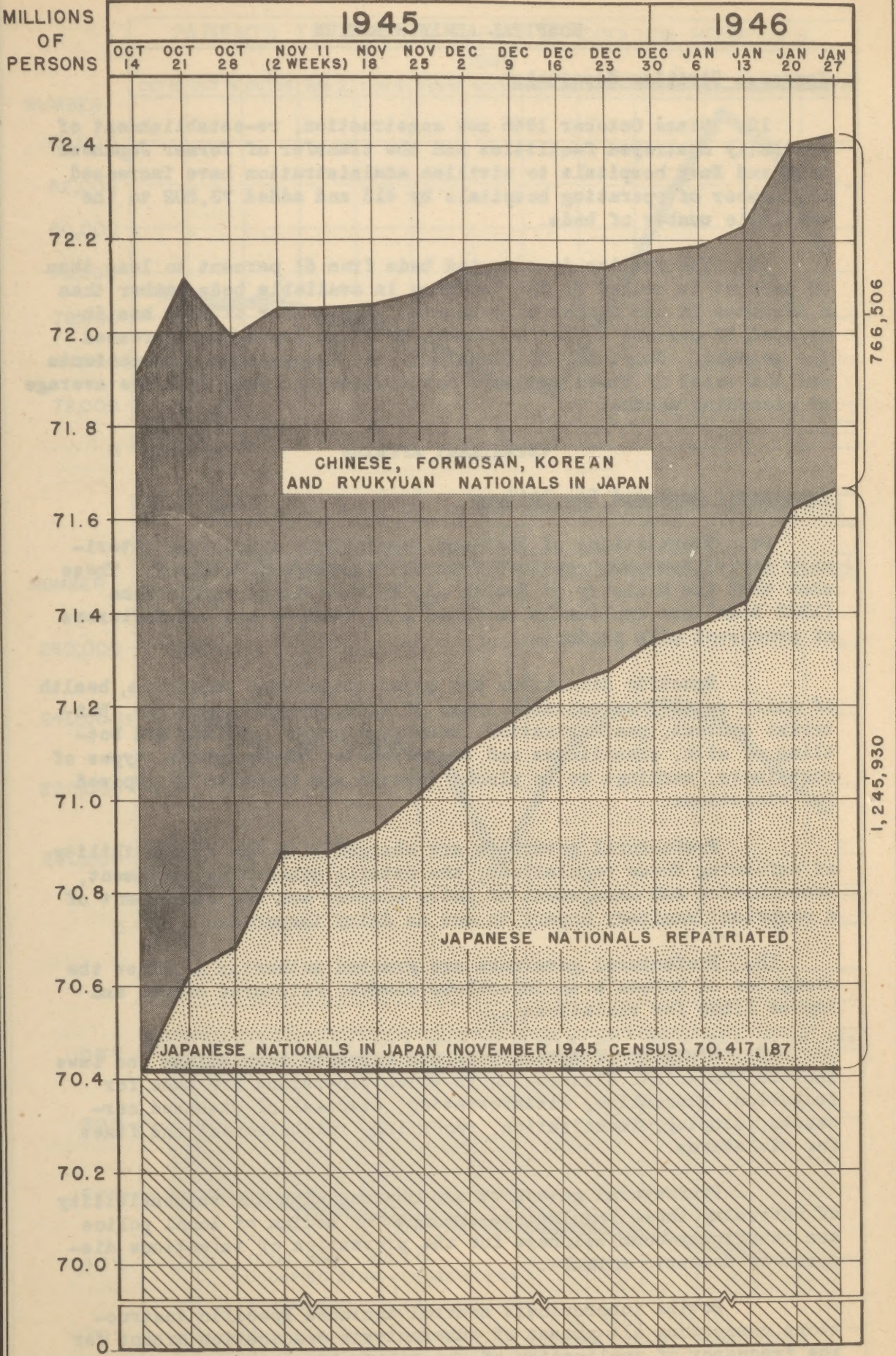
8. For nationals of countries with which the Allied Powers have been at war, the Japanese Government has been directed to supply those necessities which by reason of blocked accounts or other financial incapacity they cannot provide themselves.

Repatriation

9. As of 27 January 1946 the number of individuals repatriated from Japan totalled 730,458 while 1,245,930 Japanese ex-servicemen and civilians had been returned to Japan. Repatriates included 686,984 Koreans; 7,519 Formosans; 30,683 Chinese, 5,202 Ryukyans; and 70 nationals of other countries.

10. The net effect of this movement to and from Japan upon the population of Japan Proper is shown in Chart No. 31. Increases shown for January represent actual movement of individuals during the month and prior movements which had not been reported previously.

11. Many Koreans and Chinese have indicated their desire to remain in Japan rather than accept repatriation. This inclination has become increasingly apparent since it became known that they would be permitted to take only limited amounts of money and valuables with them.



NOTE: POPULATION OF JAPAN 1945 PRIOR TO REPATRIATION 71,910,869

THE EFFECT OF REPATRIATION UPON THE POPULATION OF JAPAN

HOSPITAL ADMINISTRATION

Japanese Civilian Hospitals

12. Since October 1945 new construction, re-establishment of partially destroyed facilities and the transfer of former Japanese Army and Navy hospitals to civilian administration have increased the number of operating hospitals by 413 and added 73,502 to the available number of beds.

13. The decline in occupied beds from 61 percent to less than 40 percent is caused by the increase in available beds rather than a decrease in the number of patients. The number of beds has increased 58 percent while the number of in-patients has increased two percent. Chart No. 32 shows that the in-patients, out-patients and the total of these two have not deviated greatly from the average of preceding months.

VETERINARY AFFAIRS

Veterinary Laws and Regulations

14. Translations of laws and regulations concerning veterinary activities were received from the Japanese Government. These show that the Ministry of Health and Welfare dairy regulations (1933 Code) are applicable to fluid milk traders and manufacturers of processed milk products.

Specific directions are given concerning employees, health of dairy cattle, undesirable types of milk, specific gravity, but-terfat content, pasteurization, bacterial count, cooling and bot-tling of milk, cleanliness and sterilization of equipment, types of containers, markings to be placed thereon and fines to be imposed for violations.

Prefectural governors are charged with the responsibility of enforcing these regulations; the details concerning equipment, construction and management of dairy plants; and the employment of a competent sanitary expert to act as dairy inspector.

15. Prefectural governors are granted authority to order the slaughter of horses with infectious anemia, reimburse owners and impose fines for violations.

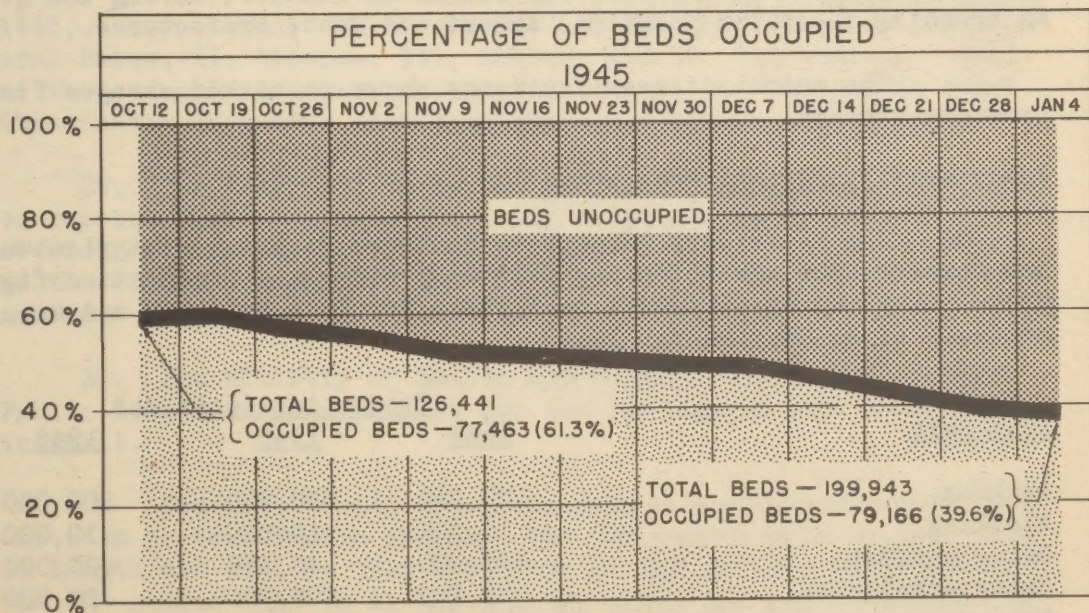
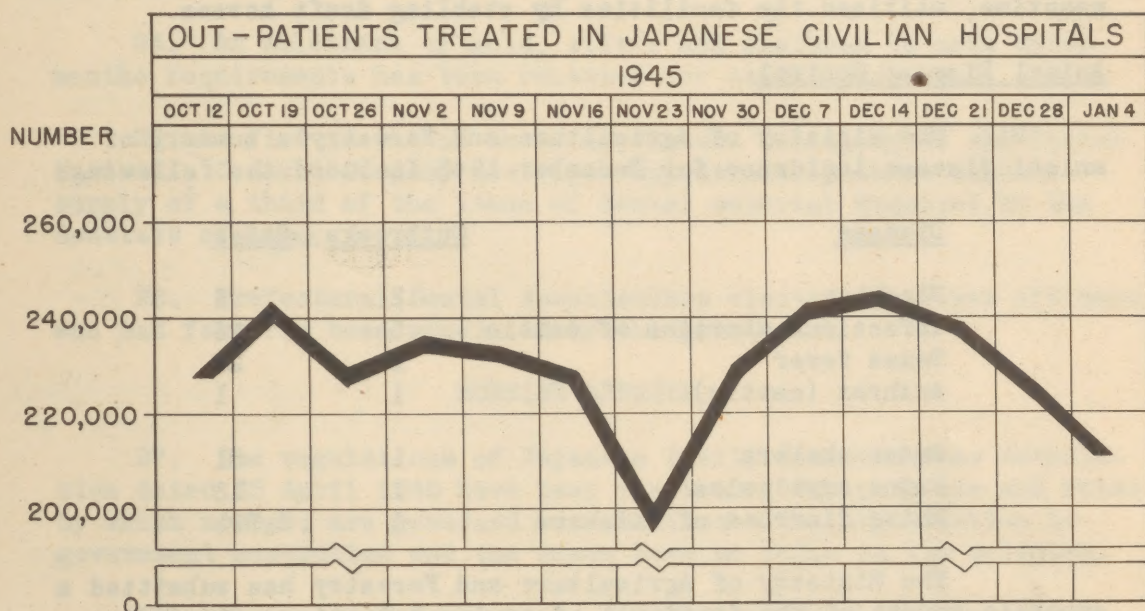
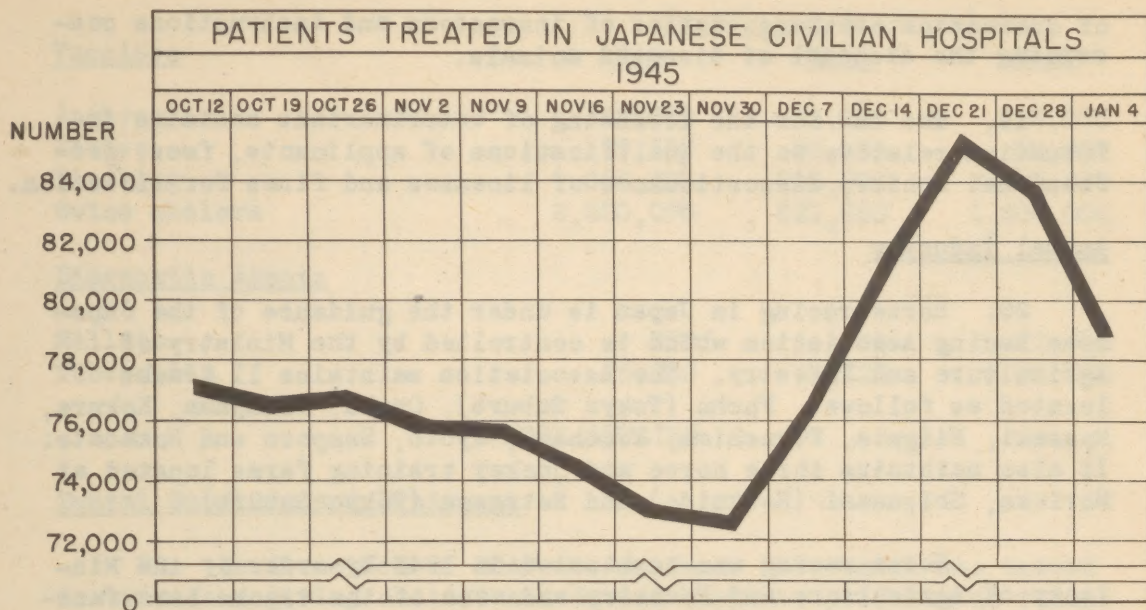
16. Ministry of Agriculture and Forestry regulations and laws include the animal disease law in which provisions are made for isolation, quarantine, disinfestation, disposal of diseased car-casses, dipping, immunization, reporting, reimbursement and fines for violations.

Prefectural governors are charged with the responsibility of enforcing these regulations through the medium of local police and veterinary commissioners for the prevention of infectious dis-eases of domestic animals.

Bovine tuberculosis control includes specific instruc-tions concerning all phases of tuberculosis eradication except for the frequency of application of the tuberculin test.

17. The Imperial Ordinance allocating expenses for infectious animal disease control charges the national treasury, prefectures, municipalities and owners with proportionate shares of the expense for tuberculosis and other infectious disease control.

18. The animal quarantine regulations provide for the location



SOURCE: MINISTRY OF HEALTH AND WELFARE

HOSPITAL PATIENTS (IN CIVILIAN HOSPITALS-JAPAN)

of quarantine stations, duties of inspectors and instructions concerning the disposal of diseased animals.

19. The law for the licensing of veterinarians contains information relative to the qualifications of applicants, fees, professional ethics, discontinuance of licenses and fines for violation.

Animal Industry

20. Horse racing in Japan is under the guidance of the Japanese Racing Association which is controlled by the Ministry of Agriculture and Forestry. The Association maintains 11 tracks located as follows: Fuchu (Tokyo Suburb), Osaka, Wakayama, Kokura, Myasaki, Niigata, Fukushima, Yokohama, Kyoto, Sapporo and Hokadate. It also maintains three horse and jockey training farms located at Morioka, Shizuanai (Hokkaido) and Setagaya (Tokyo Suburb).

Horse racing was terminated in 1943 by order of the Ministry of Agriculture and Forestry and none of the tracks have functioned since that time. The Ministry of Agriculture has, in the meantime, utilized the facilities by stabling draft horses.

Animal Disease Control

21. The Ministry of Agriculture and Forestry's summary of animal disease incidence for December 1945 included the following:

<u>Disease</u>	<u>Outbreaks</u>	<u>Cases</u>
Blackleg	2	3
Infectious abortion of cattle	5	16
Texas fever	1	23
Anthrax (cattle)	1	1
Swine cholera	1	51
Swine erysipelas	1	13
White diarrhea of chickens	6	2,791

The Ministry of Agriculture and Forestry has submitted a separate report of the incidence of equine infectious abortion. This report shows that a total of 331 cases occurred during the 1944-45 breeding season in Hokkaido, Aomori and Iwate Prefectures.

The animal disease incidence shows no marked changes from previous reports.

Veterinary Biological Production

22. The Veterinary Laboratory Section, Ministry of Agriculture and Forestry, has submitted the following biological production figures. They represent actual production for 1944 and 1945 and an estimate of production for 1946.

<u>Anti-Sera</u>	<u>Production (unit cc)</u>		
	<u>1944</u>	<u>1945</u>	<u>1946</u>
Anthrax	138,380	555,200	800,000
Blackleg	10,500	10,500	10,000
Swine cholera	357,800	43,850	300,000
Swine erysipelas	78,700	109,700	80,000
Tetanus	240,800	33,010	1,000,000
Fowl cholera	53,200	30,000	50,000
Canine distemper	30,900	24,000	5,000
Strangles	1,041,950	454,300	1,200,000
Fowl diphtheria	354,950	120,000	400,000
Equine infectious abortion	---	---	300,000

<u>Vaccines</u>	<u>Production (unit cc)</u>		
	<u>1944</u>	<u>1945</u>	<u>1946</u>
Anthrax	47,060	20,700	38,000
Rabies	190,350	50,100	50,000
Blackleg	680,600	236,900	700,000
Swine cholera	3,500,070	821,650	1,500,000

Diagnostic Agents

Mallein	300	560	1,000
Tuberculin	76,050	17,330	60,000

DENTAL AFFAIRS

Dental Supplies and Equipment

23. By direction of SCAP the Japanese Government has issued instructions giving medical and dental supplies priority in transportation.

24. An allotment of gold, silver and platinum to meet three months requirements has been released for dental purposes.

25. A fire in one of three warehouses belonging to the Dental Materials Control Company destroyed approximately three month's supply of a third of the items of dental material required by the dentists of Japan.

26. Prefectural Dental Associations elected their own officers who had formerly been appointed by the government.

NURSING AFFAIRS

27. The regulations of Japanese Public Health Nurses Association dated 25 April 1945 have been received. The purposes and rules by which members are governed are outlined. The organization is government controlled and the women have no voice in its policies.

28. The copy of Regulations for Public Health Nurses issued by the Ministry of Health and Welfare, Ordinance No. 21, 31 May 1945, was received. These regulations are divided into: I, General Rules; II, License; III, Duties; and IV, Punishments. Most of these regulations are poorly written and the meaning is vague. Observation indicates that they are not followed in practice.

29. The Tokyo Red Cross Hospital has been given permission to reprint three Japanese Red Cross First Aid Books which were not covered by previous directives. These books will be distributed to the 38 Red Cross Hospitals which have training schools for nurses.

30. The Ministry of Health and Welfare has organized three Public Health nursing courses for the new school year which begins in April.

Course "C" will be of one year's duration for midwives who wish to take Public Health. The "B" course will be two years in length and will be that available at the average nursing school. The "A" course will be at the college level and can be adopted by few schools at the present time. Courses "B" and "C" will be raised to the three year level as soon as conditions permit.

Principal changes involve increased time allotment to practical nursing and field practice. The time allotted to the

various services varies according to the type of hospital to which the school is attached.

MEDICAL SUPPLY

Production

31. Total production of medical supplies and equipment was approximately the same as during November 1945. Shortages of fuel and raw materials are the main problems. Increased allocations of those items have been directed.

32. The Japanese Government has been directed to submit a list of the minimum requirements of fuel and principal raw materials required for operation of manufacturing plants. Manufacturers of medical and sanitary materials will be provided with sufficient quantities of raw materials to insure adequate production.

Action is being taken to handle on the spot shortages of raw materials in order to stimulate production of critically needed medicines.

33. The Japanese Government was directed to submit by 20 February 1946 a plan for the manufacture of medical supplies and equipment with particular reference to the production of vaccine and sera.

34. The production of vaccines is increasing. The production of smallpox vaccine is expected to increase sufficiently to meet requirements for vaccination of repatriates and to vaccinate the Japanese population in areas where epidemics occur.

Definite efforts are being made by the Japanese Government to increase prices of medicines, particularly vaccines, in order to stimulate production.

35. Isolated cases of production of drugs of questionable quality and medicinal value have been noted and corrective measures taken to stop production of this nature.

36. Required vaccines and delousing supplies are not available in China for processing of Japanese repatriates and action is being taken to make these items available from stocks in Japan. Smallpox vaccine will be supplied from Japanese production.

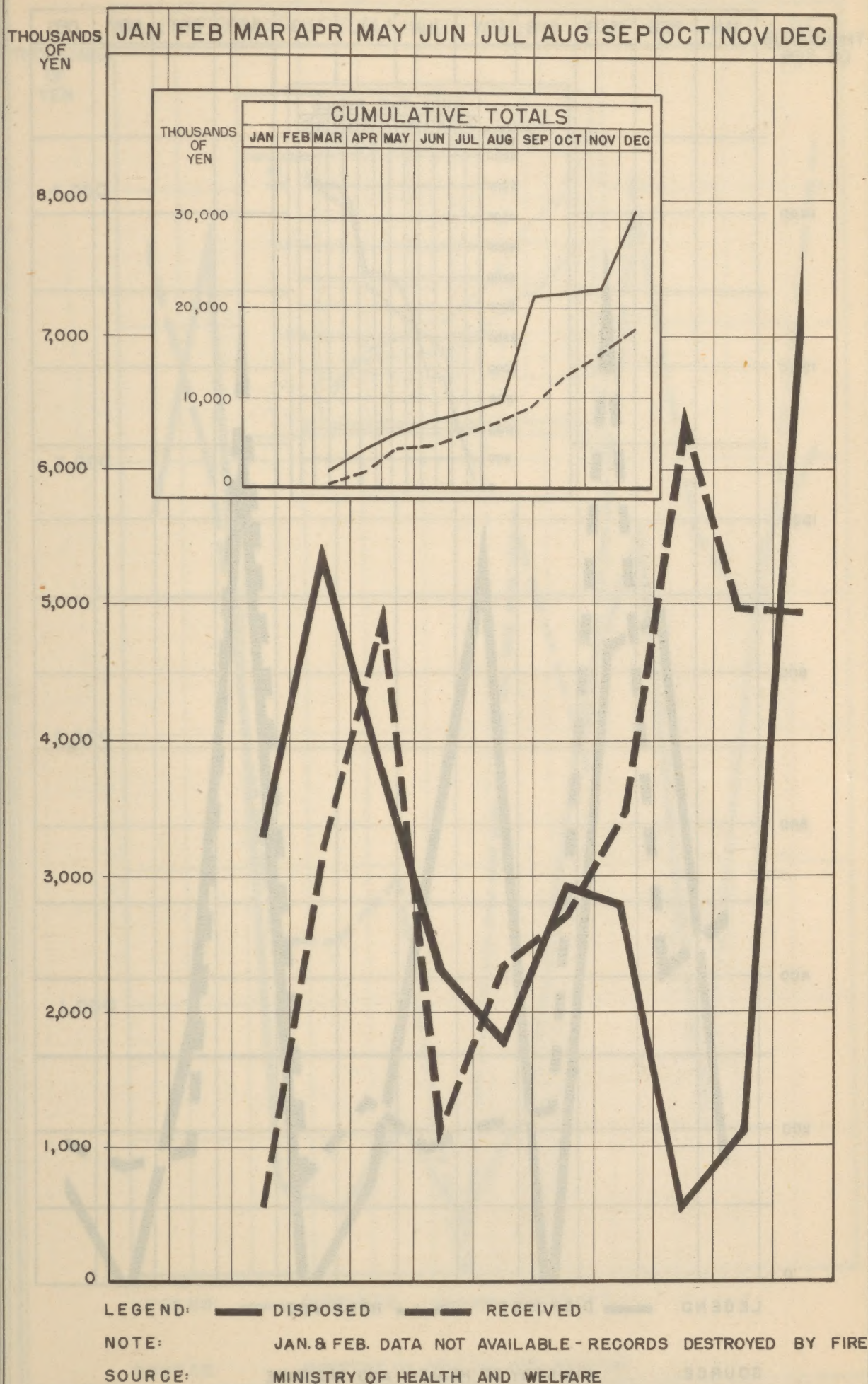
37. It has been determined that by using indigenous materials the Japanese are capable of supplying, grinding and mixing 200 tons of talc for use as a vehicle with DDT.

The Japanese Government has indicated they can manufacture hand dusting equipment and steps are being taken to initiate production.

Distribution of New Production

38. Continued progress has been shown in moving newly manufactured medical supplies into civilian channels. Graphs 33 to 37 inclusive indicate that shipments have increased generally from producers to central distributing agencies and from the central companies to the prefectural distributing concerns. Close supervision of the distributing agencies is being maintained to insure that supplies move to the ultimate consumers expeditiously.

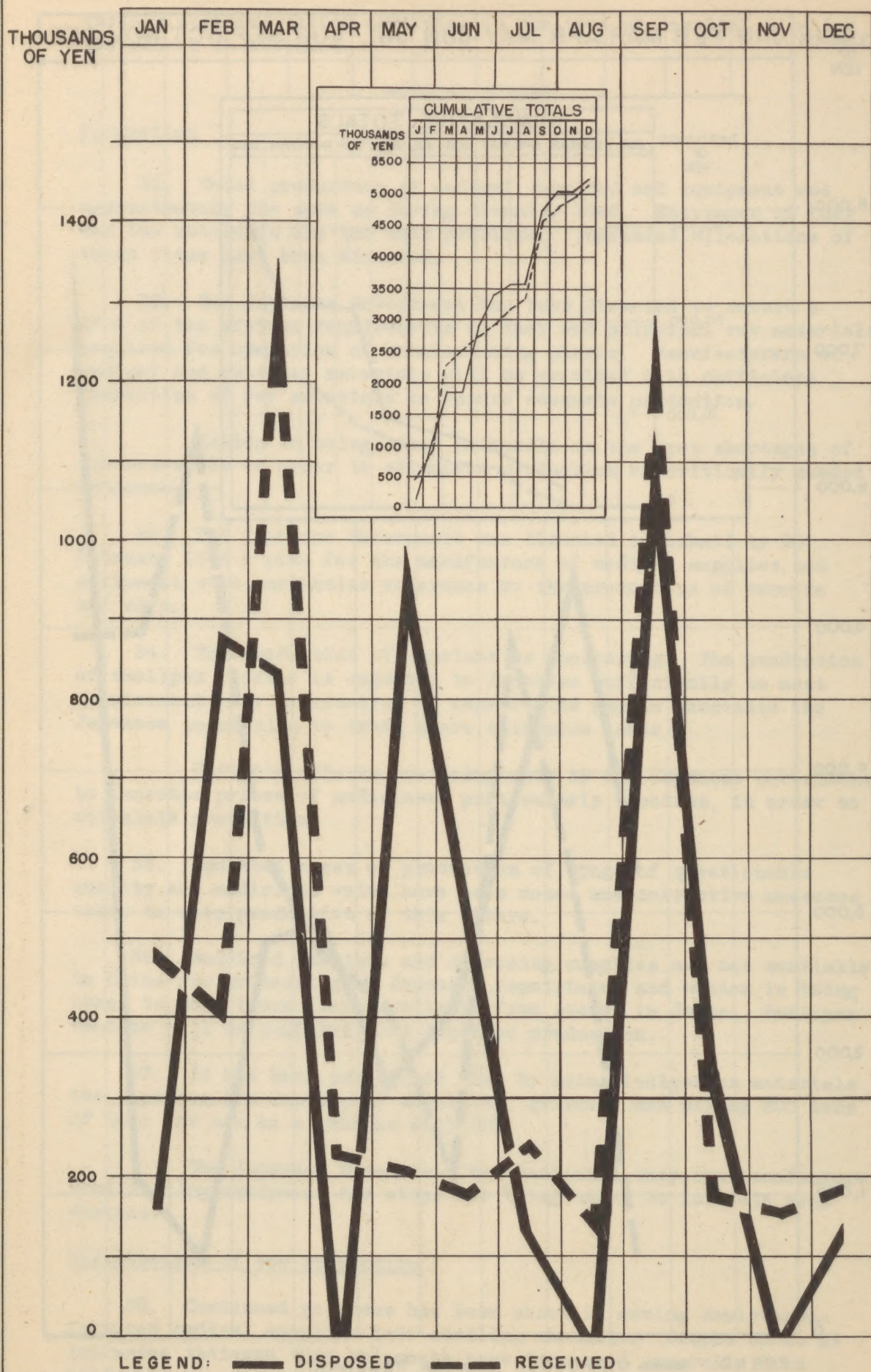
39. Inspections indicated that transportation was a major factor hindering distribution. Transportation officials at both



SELECTED MEDICINES

COST VALUE OF SUPPLIES RECEIVED AND DISPOSED
UNDER GOVERNMENT CONTROL-1945

JAPAN

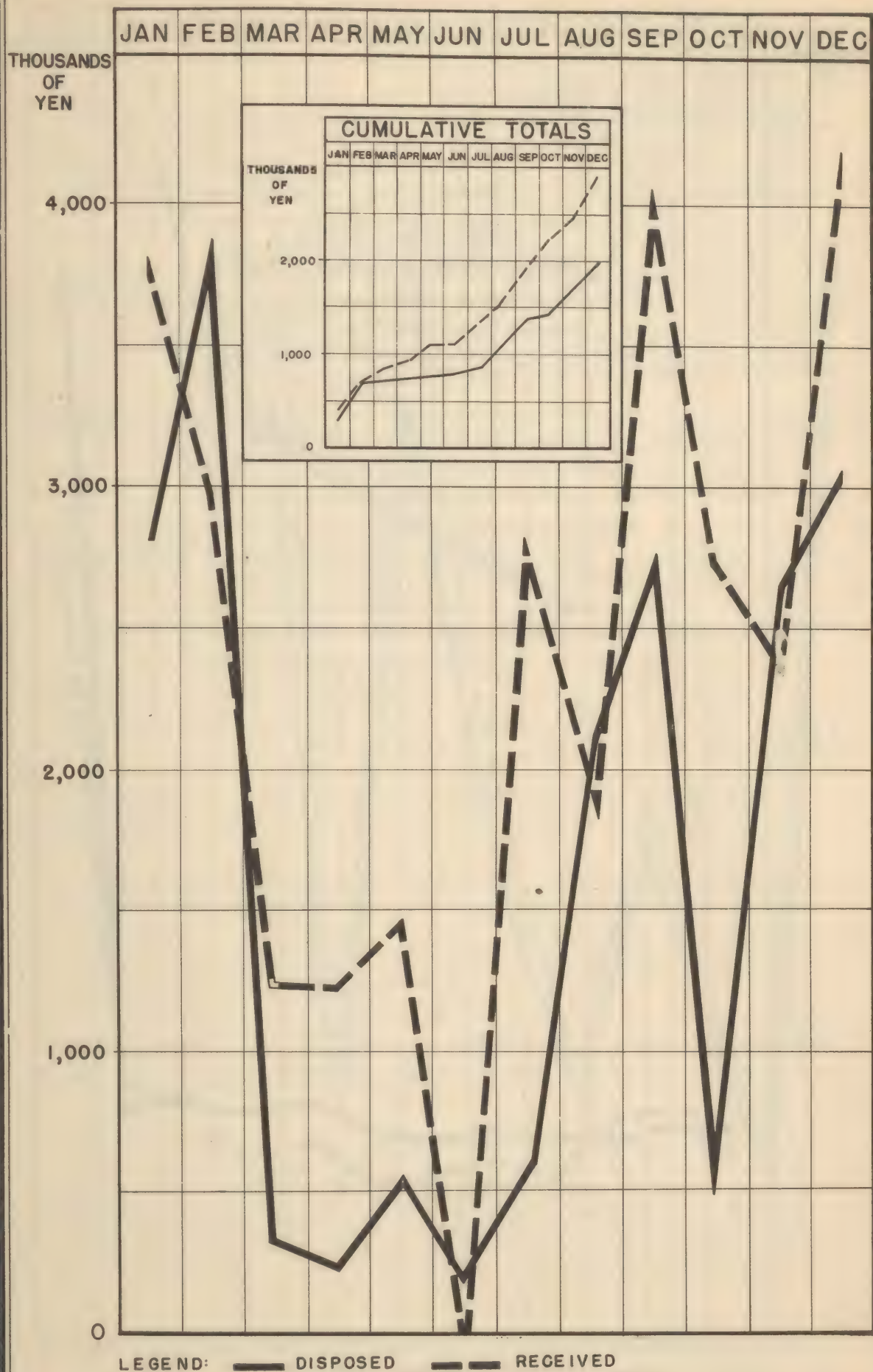


SOURCE: MINISTRY OF HEALTH AND WELFARE

MEDICAL APPLIANCES

COST VALUE OF SUPPLIES RECEIVED AND DISPOSED
UNDER GOVERNMENT CONTROL - 1945

JAPAN

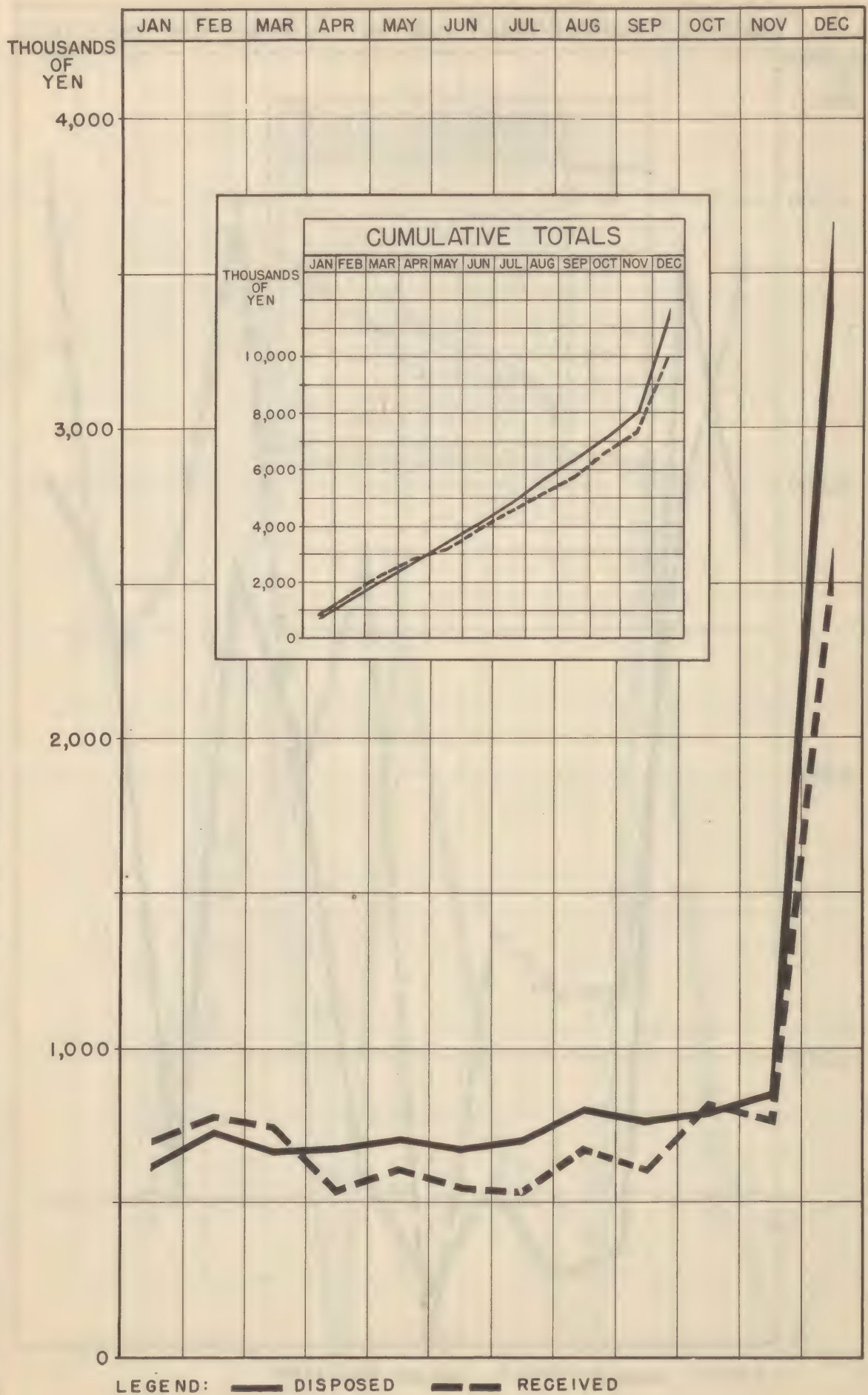


SOURCE: MINISTRY OF HEALTH AND WELFARE

DENTAL SUPPLIES

COST VALUE OF SUPPLIES RECEIVED AND DISPOSED
UNDER GOVERNMENT CONTROL - 1945

JAPAN

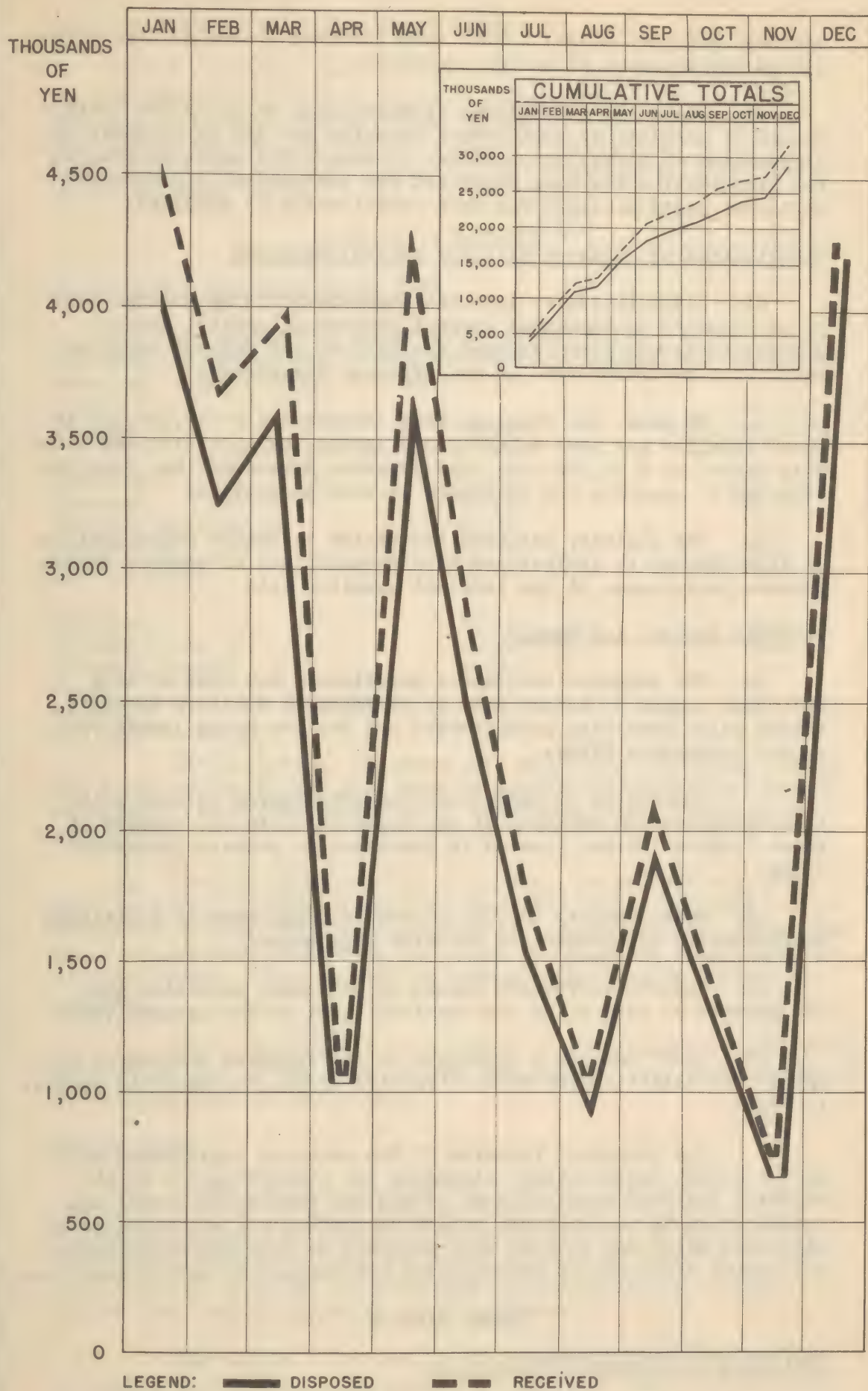


SOURCE: MINISTRY OF HEALTH AND WELFARE

SANITARY SUPPLIES

COST VALUE OF SUPPLIES RECEIVED AND DISPOSED
UNDER GOVERNMENT CONTROL-1945

JAPAN



SOURCE: MINISTRY OF HEALTH AND WELFARE

HOME REMEDIES

COST VALUE OF SUPPLIES RECEIVED AND DISPOSED
UNDER GOVERNMENT CONTROL-1945

JAPAN

national and prefectural levels were directed to assign high priority to the movement of medical supplies.

40. Visits to prefectures revealed that delay in the distribution of supplies by prefectural agencies was due to slowness in preparation of distribution plans. A simple but complete program for distribution has been organized for prefectural distribution to insure rapid movement and wide distribution of supplies.

Distribution of Japanese Military Medical Supplies

41. Distribution of returned Japanese military medical supplies presents an important current problem of medical supply. Occupation Forces have returned the bulk of the medical supplies which will be transferred to the Japanese Government.

To date, the Japanese have inventoried ¥ 110,000,000 of these supplies and have authorized distribution into civilian channels valued at ¥ 21,000,000. The Japanese Government has been instructed to complete the inventory as soon as possible.

42. The ministry has been instructed to handle authorization of distribution to prefectures with dispatch and to balance stocks between prefectures at the earliest possible date.

Narcotic Control and Supply

43. The Japanese Government submitted a new list of drug wholesale houses to assume custody of Japanese military narcotic stocks which have been concentrated and are now being inventoried by the Occupation Forces.

Inspection of facilities for safekeeping is made prior to authorizing the transfer of the narcotics into the custody of these firms which are located in distribution centers throughout Japan.

44. Approximately 100,000 ounces of opium residue containing approximately one percent of morphine were burned.

45. Reports of reserve stocks of medicinal narcotics show the amounts as well above the required level at the present time.

46. On 27 January a directive to the Japanese Government required the establishment of an effective system for narcotic control in Japan.

The principal features of the required legislation will be the annual registration, licensing and classification of all narcotic dealers; submission of periodical reports of stocks and transactions by the dealers; proper accounting for all packages of narcotics which may only be sold pursuant to recorded order forms; and making violators of the narcotic law subject to severe penalties.

LEGAL AFFAIRS

Abolition of Licensed Prostitution

47. On 21 January a memorandum was sent to the Japanese Government directing the abolition of licensed prostitution throughout the nation and further directing that all contracts and agreements which have for their object the binding or committing of a woman to the practice of prostitution be nullified.

Japanese Ministry of Health and Welfare

48. A complete report was submitted by the ministry indicating the organization of the bureaus and component sections; the personnel thereof by number, rank, grade and duty performed; and the changes in each section expected as a consequence of the reorganization and personnel reduction as ordered in all ministries by the Japanese cabinet.

PREVENTIVE MEDICINE

Communicable Diseases During 1945

49. The reportable communicable diseases for the year 1945 are shown by prefecture on Maps No. 38 to 45 inclusive. The incidence and rates for Japan as a whole are:

<u>Disease</u>	<u>Cases</u>	<u>Rates/ 100,000/Annum</u>
Diphtheria	77,256	107.2
Dysentery	78,453	108.9
Epidemic Meningitis	3,815	5.3
Paratyphoid	9,278	12.9
Scarlet fever	2,267	3.1
Smallpox	1,719	2.4
Typhoid fever	51,294	71.2
Epidemic typhus	2,392	3.3
Plague	0	0
Cholera	0	0

The failure of the reporting system, particularly during the final months of the war, must be taken into account and allowances made for a greater factor of error than might otherwise be expected.

50. Two-day meetings with prefectural health officers were held in Tokyo, Yamagata, Kyoto and Fukuoka. While they had originally been planned for demonstration and instruction in typhus control, it was found that they presented an excellent opportunity to discuss various other aspects of communicable disease control in general.

The occurrence of an outbreak of typhus fever in Yamagata Prefecture just at the time of that meeting was used to demonstrate control measures in the field.

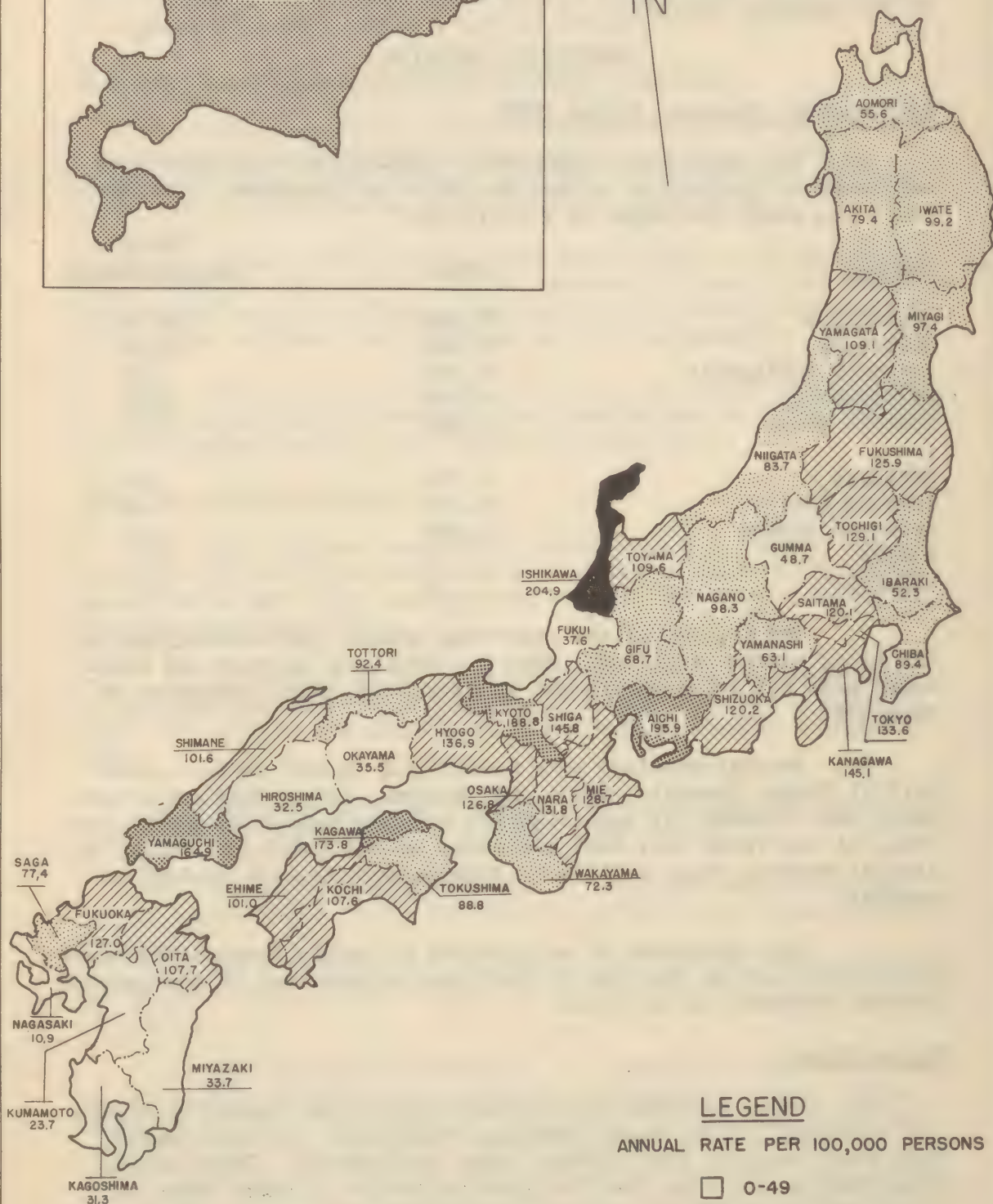
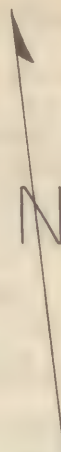
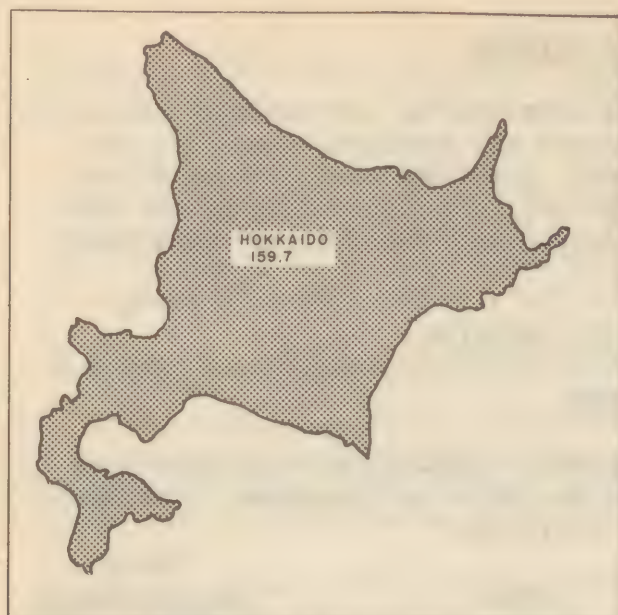
Typhus Fever

51. There has been some typhus fever on the island of Honshu, the principal source being Yamagata Prefecture. Sporadic cases have been reported from several other prefectures. There exists considerable evidence that the great majority of these cases were contracted in Korea by Japanese repatriates who moved to Japan during the incubation period of the disease.

The typhus situation on the island of Hokkaido has been brought under control. The number of reported cases in that region has shown a marked decrease.

Smallpox

52. Smallpox has become widely disseminated throughout the entire country during January. The principal epidemic foci are located in Hyogo, Aichi and Nagasaki Prefectures, in Hokkaido and



LEGEND

ANNUAL RATE PER 100,000 PERSONS

- 0-49
- 50-99
- ▨ 100-149
- ▩ 150-199
- 200 AND OVER

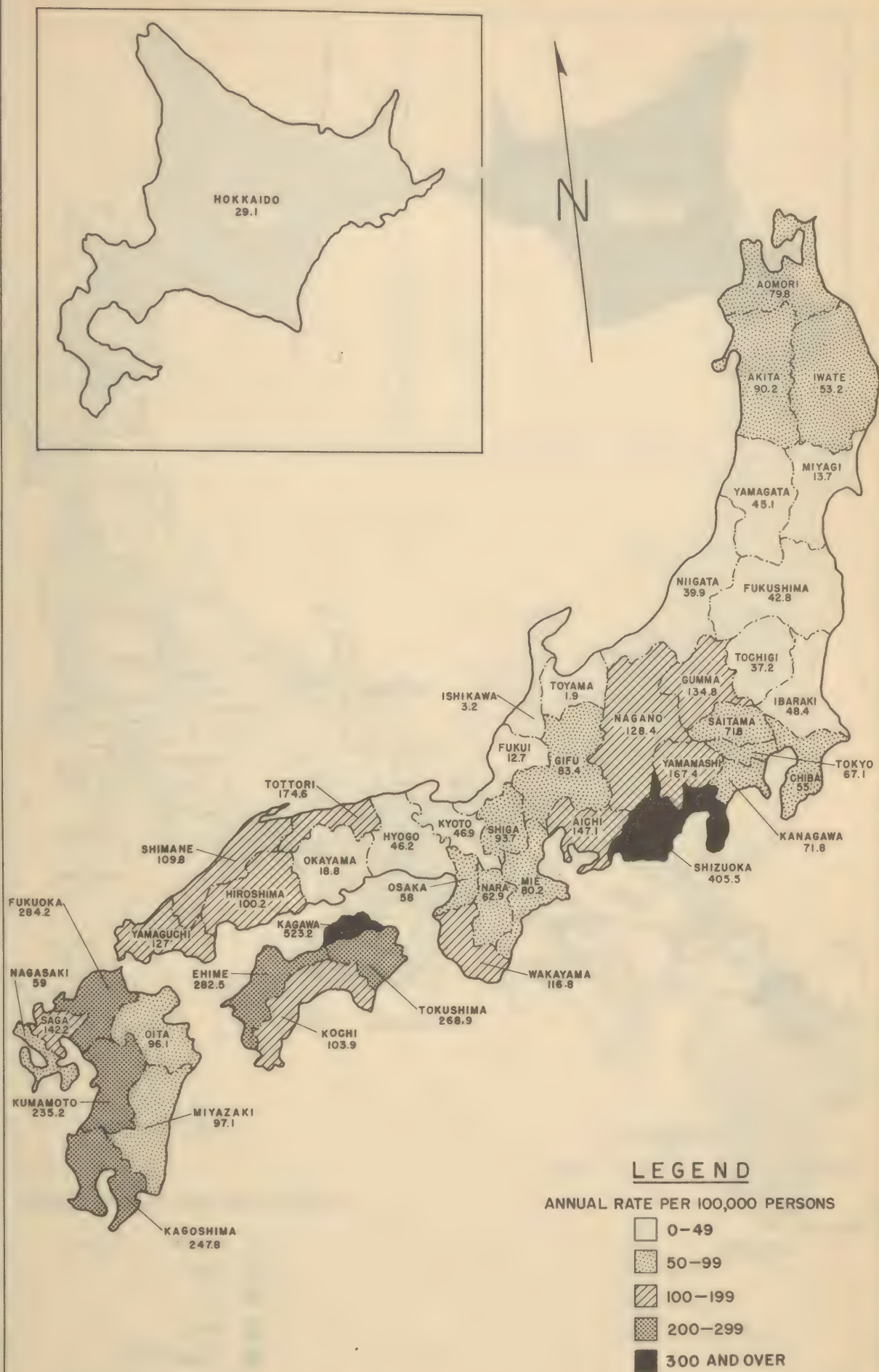
NOTE: JAPAN RATE: 107.2

SOURCE: MINISTRY OF HEALTH AND WELFARE

DIPHTHERIA

ANNUAL RATE BY PREFECTURES-1945

JAPAN

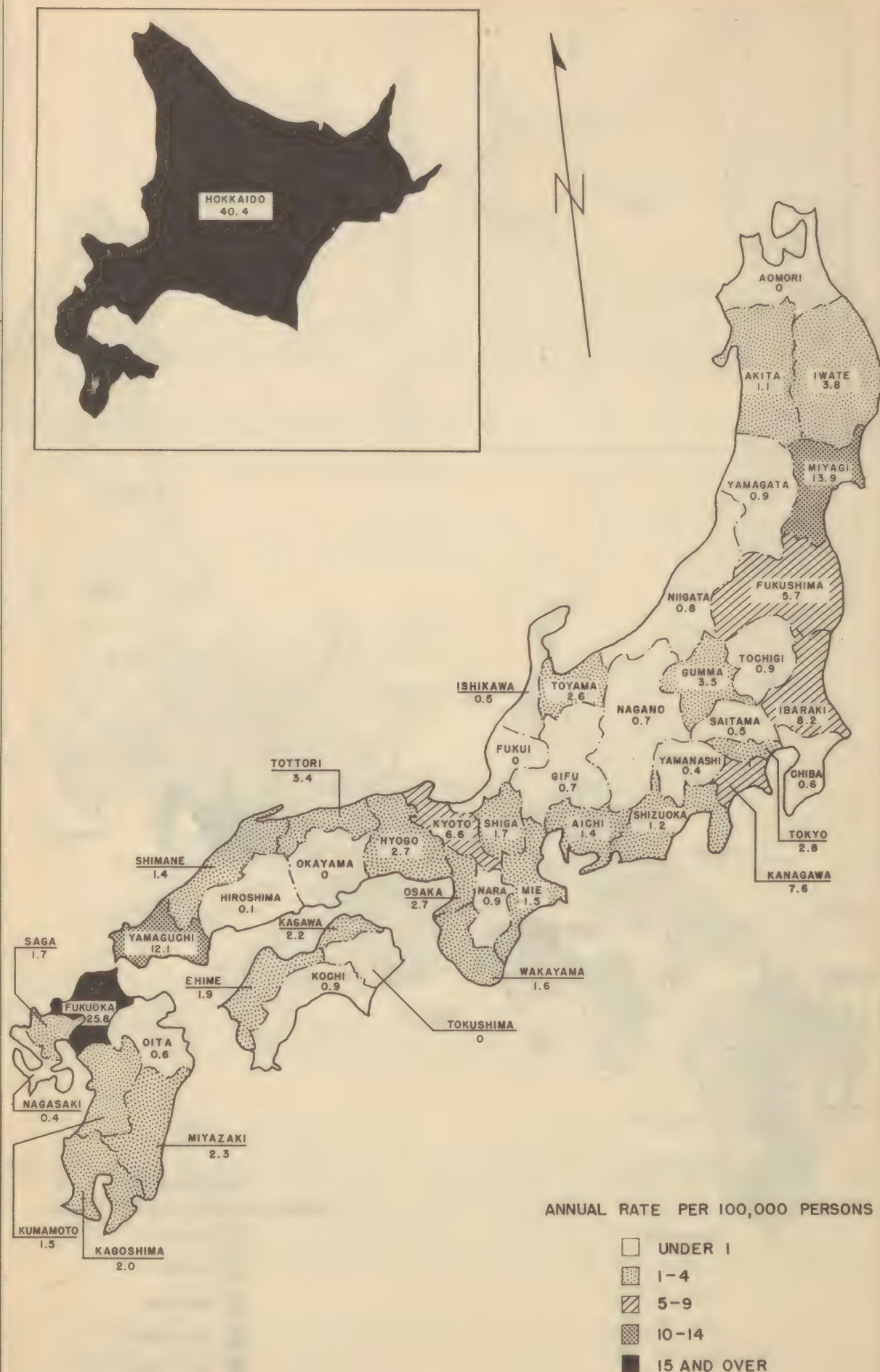


NOTE: JAPAN RATE: 108.9
SOURCE: MINISTRY OF HEALTH AND WELFARE

DYSENTERY

ANNUAL RATE BY PREFECTURES - 1945

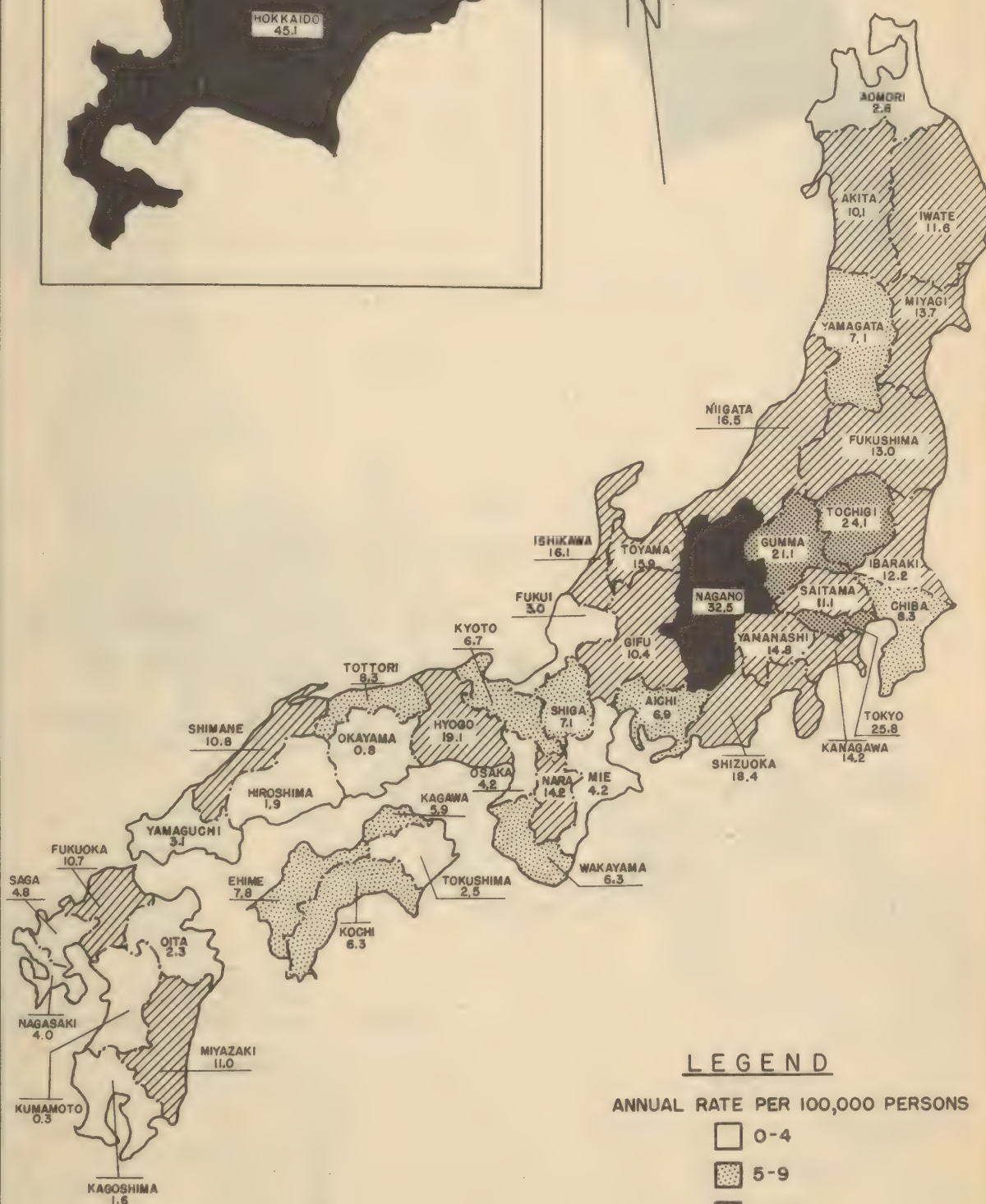
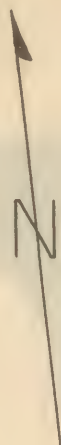
JAPAN



NOTE : JAPAN RATE: 5.3

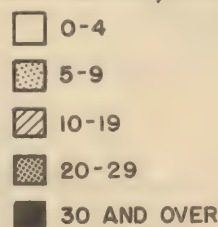
SOURCE: MINISTRY OF HEALTH AND WELFARE

EPIDEMIC MENINGITIS ANNUAL RATE BY PREFECTURES - 1945 JAPAN



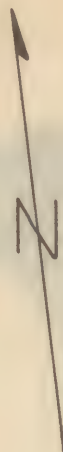
LEGEND

ANNUAL RATE PER 100,000 PERSONS



NOTE: JAPAN RATE 12.9
SOURCE: MINISTRY OF HEALTH AND WELFARE

PARATYPHOID ANNUAL RATE BY PREFECTURES - 1945 JAPAN



LEGEND

ANNUAL RATE PER 100,000 PERSONS

- UNDER 1
- 1 - 2
- 3 - 4
- 5 - 6
- 7 AND OVER

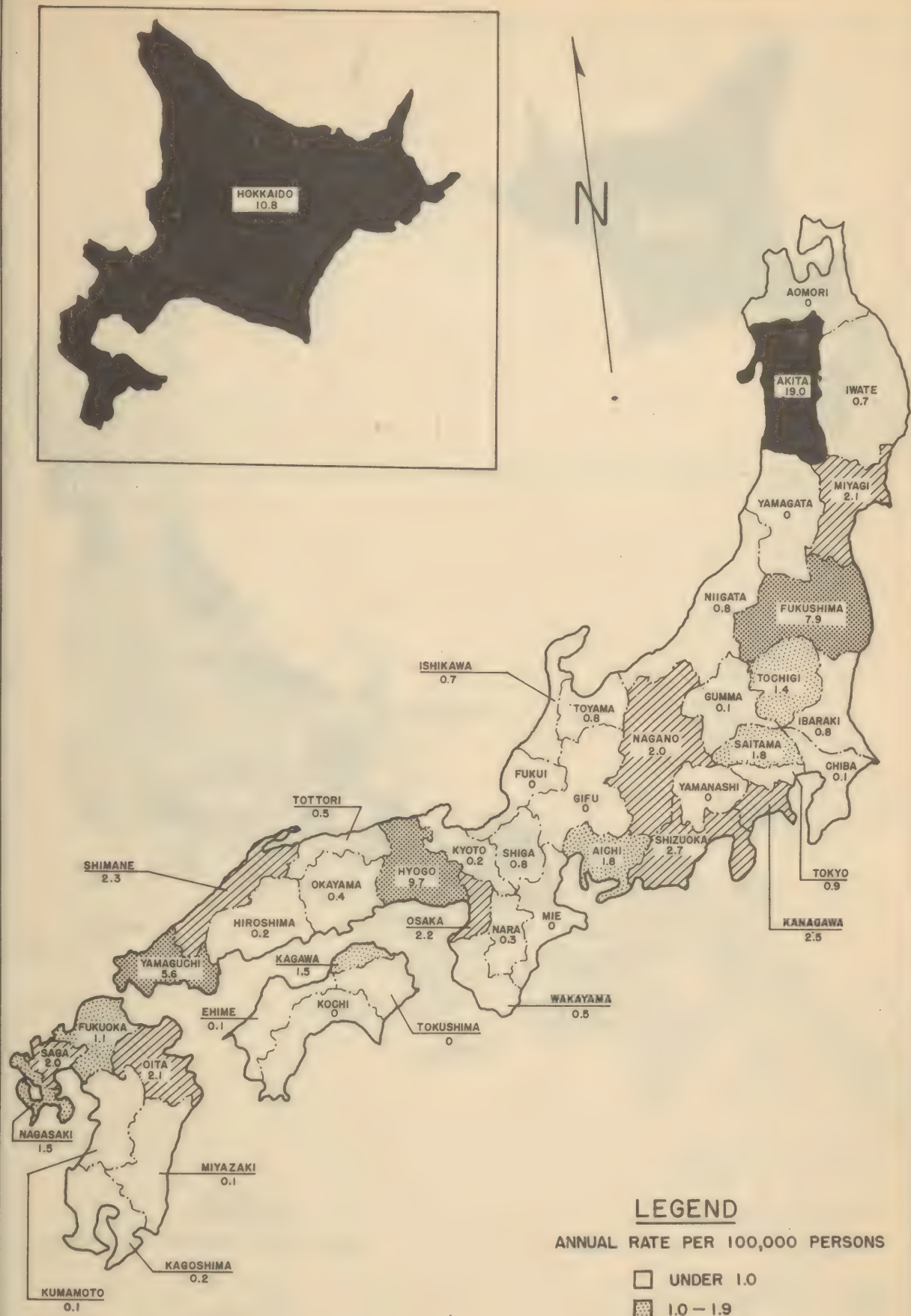
NOTE: JAPAN RATE 3.1

SOURCE: MINISTRY OF HEALTH AND WELFARE

SCARLET FEVER

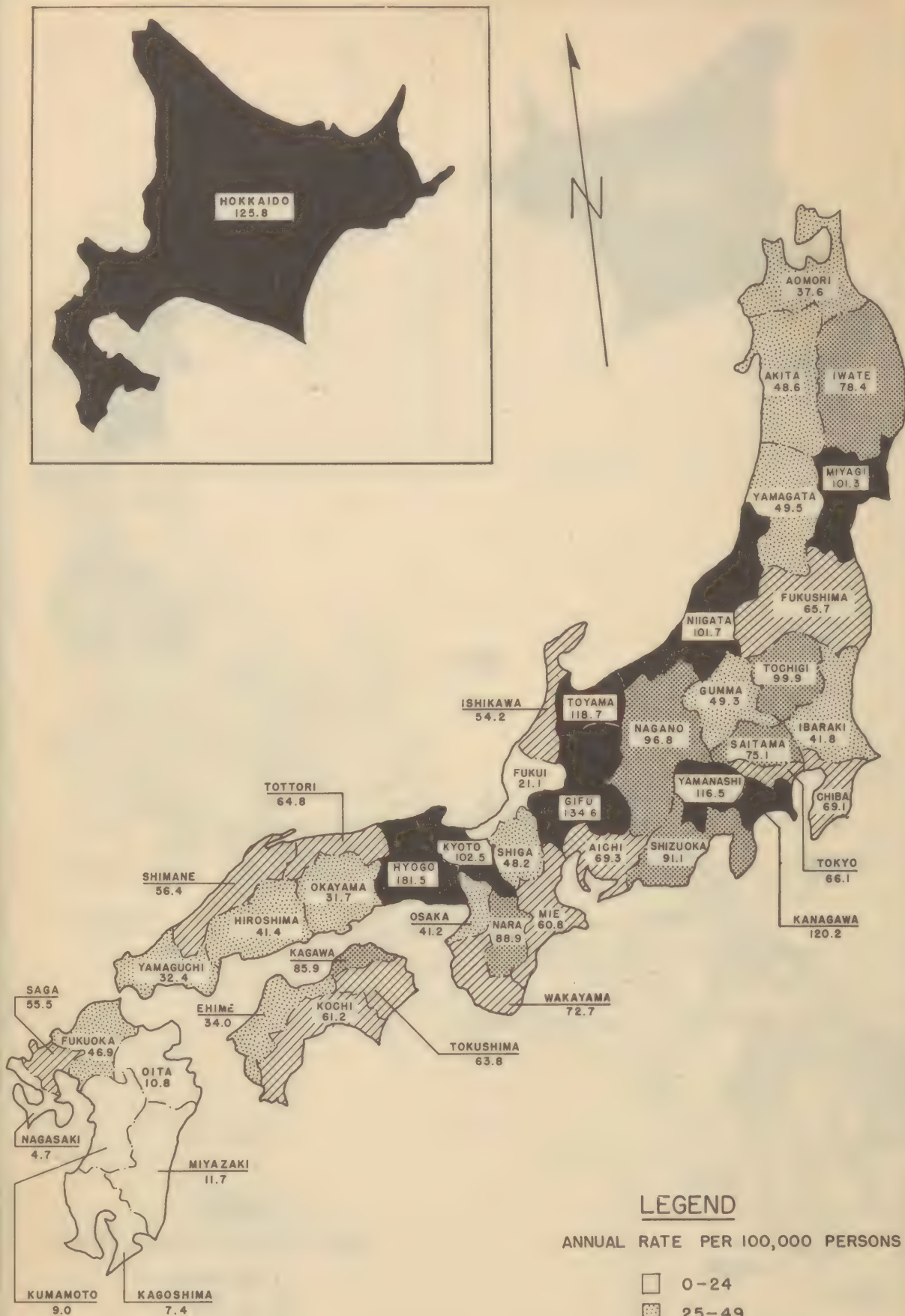
ANNUAL RATE BY PREFECTURES - 1945

JAPAN



NOTE: JAPAN RATE: 2.4
 SOURCE: MINISTRY OF HEALTH AND WELFARE

SMALLPOX ANNUAL RATE BY PREFECTURES 1945 JAPAN



NOTE : JAPAN RATE: 71.2

SOURCE: MINISTRY OF HEALTH AND WELFARE

TYPHOID

ANNUAL RATE BY PREFECTURES-1945

JAPAN

to a lesser extent Shimane Prefecture. Following a slight decrease during the first few days of the month, the epidemic in Kobe, Hyogo Prefecture, again flared up and has continued to persist throughout the remainder of the month.

53. An investigation of the Kobe epidemic showed the administrative and epidemiologic aspects of the control program to be satisfactory. The potency of the present stock of Japanese vaccine is doubtful as it was produced before the war. The production of new stock of potent smallpox vaccine is being expedited to make it available as soon as possible for the nation-wide vaccination program as directed by SCAP.

Diphtheria

54. All available figures concerning the incidence of diphtheria by age groups have been obtained and a comprehensive plan for diphtheria immunization formulated. The Imperial Japanese Government has been directed to submit detailed plans for carrying out this program.

Repatriation Conference

55. A conference on repatriation was attended by representatives of all interested major military and naval commands in the Western Pacific Area. An agreement was reached to observe the International Quarantine Covenant and that the proper clearance watch for quarantinable diseases would be made at both ends of shuttle routes bearing repatriates to or from Japan.

Sanitary Engineering

56. Reports from Japanese public health officials indicate that water supplies have been restored to pre-war levels in most cities of the country. Repair of distribution systems shows some improvement especially in Yokohama where some new mains are being laid to replace old lines with many unknown places of leakage, and in Tokyo where the aid of five brigades and neighborhood associations has been enlisted in the repair of small service breaks which are responsible for a large proportion of the leakage. Reports on present status of public water supplies and reasons for deficiencies are being received from prefectural public health officials. Several cities have reported a shortage of chlorine.

57. Chlorine production for water treatment in January was about the same as for the past two months. Additional quantities have been delivered this month to Yokosuka and Kawasaki for higher dosages in these cities. Increase in production of chlorine depends largely on availability of salt; 10,000 tons were imported in January of the 45,000 tons requisitioned. Allocation of coal to the chemical industry increased somewhat during the month.

58. The shortage of materials for the restoration and repair of sewage systems and sewage treatment plants is being relieved by local military government units working through the Ministry of Industry and Commerce.

Laboratory Service

59. Quotas have been established for production of smallpox vaccine, diphtheria toxoid and antitoxin, and triple typhoid vaccine as items of greatest immediate need. Calves, horses, bacteriological media and other supply items were earmarked and procured by Japanese officials on behalf of manufacturing laboratories.

60. The unreliability of certain biologicals on sale in the open market was brought to the attention of Japanese officials. Japanese law provides for standardization of diphtheria antitoxin only. The Japanese were directed to assay all other biologicals in the same manner as diphtheria antitoxin.

Penicillin

61. Control of the manufacture of penicillin is necessary to assure a dependable product of acceptable potency. The Japanese were directed to classify penicillin as a biological, thus bringing it under the same provisions. A committee for standardization of penicillin is being organized by the ministry in compliance with this directive.

Medical Examiner System

62. A review was made of progress by local metropolitan health officials in Tokyo in establishing a medical examiner system. The Metropolitan Office has found it necessary to employ lay social workers and medical students in certain instances. The perfected program will be a model for a nation-wide system of the same general type.

Nutrition Surveys

63. The Ministry of Welfare has forwarded the data collected during the nutrition survey conducted during December in Tokyo. Information reported included data on the food consumed by 30,000 persons representing all social levels, age groups and sections of metropolitan Tokyo.

During the three day period in December for which information was obtained, the food intake of this group averaged 1970 calories. Over 80 percent of the protein came from vegetable sources. Composition of the family diet is shown in Chart No. 26.

Almost half of the food consumed was obtained from black market or other irregular sources. See Chart No. 27.

64. The survey method employed in Tokyo is being repeated in Nagoya, Osaka, Kure and Fukuoka and in comparable portions of their adjacent rural areas to obtain information of the food consumption of the entire country.

65. On 25 January the Metropolitan Bureau of Health began a nutrition survey of municipal hospitals in Tokyo. Twenty general hospitals, five psychopathic hospitals and five tuberculosis hospitals are being analyzed.

Venereal Disease Control

66. Reporting of venereal diseases by prefectural health officers to the Ministry of Health and Welfare has steadily improved. All but eight prefectures are now reporting.

67. The results of a comparative survey of seriological methods for diagnosing syphilis were received. Policies were approved for use in connection with the civilian venereal disease control program.

68. In the first eight weeks of operation of the pilot examination-treatment project at Yoshiwara Hospital in Tokyo 118 gonorrhea infections developed among 88 of approximately 180 individuals subjected to weekly examination and modern treatment. No new case of syphilis developed in this group during the period.

Port Quarantine Service

69. Repatriation centers processed 77,995 outgoing and 184,707 incoming repatriates during the month. The port of Hakata has been the most active center.